



Travel Health Insurance Plan

Introduction

The international travel health insurance plan offered by iCare Travel Assistance is designed to provide participants with international travel and health insurance coverage around the world, outside their home country.

American Assist provides emergency assistance services through their multi-lingual service center - offering support and assistance in English, Portuguese, Spanish, as well as many of the world's leading languages.

This plan is underwritten by Inter Hannover, a wholly owned subsidiary of Hannover Re (one of the world's leading reinsurance groups) and are rated AA- ("Very Strong") by Standard and Poor's and A+ ("Superior") by A.M. Best.

iCare Travel Assistance

Please make sure to have a copy of your insurance ID card on you at all times.

Your policy number is:

Economy - AR1201758EC
Premium - AR1201758PR

Using Your Insurance

Non-Emergency & Emergency Care

Prior to seeking any medical treatment, please call American Assist for help with locating a provider and arranging medical treatment. If you have an emergency situation, it is your responsibility to contact American Assist as soon as possible.

They can be contacted at:

USA Toll Free: 1-877-822-7386

USA Direct: 1-954-472-1895

Argentina: 0.800.666.2984

Brazil: 0.800.891.4530

China (North) 10.800.7131166

China (South) 10.800.1301130

Colombia +571 5938795

Dominican Republic 1.888.7518475

France 0800.905030

Germany: 0.800.1859976

Italy 800.839070

Mexico 001.866.2611935

Spain (Madrid) 911.815905

Spain (other) 900.804116

UK/England: 0808.2341766

Venezuela: 0.800.1009032



Assistance can also be requested by sending an email to assistance@aatps.com with details of the emergency and telephone numbers where the insured person can be reached.

Please Note – An additional \$250 Deductible will apply for use of the emergency room for an illness without admission to hospital, the deductible does not apply to injuries.

Pre-Notification

The following expenses must always be Pre-certified:

1. Inpatient care; and
2. any Surgery or Surgical Procedure; and
3. care in an Extended Care Facility; and
4. Home Nursing Care; and
5. Durable Medical Equipment; and
6. artificial limbs; and
7. Computerized Tomography (CAT Scan); and
8. Magnetic Resonance Imaging (MRI).

To comply with the Pre-certification requirements, the Member must:

1. Contact AATS at the telephone number contained in the Member's Certificate as soon as possible before the expense is to be incurred; and
2. Comply with the instructions of AATS and submit any information or documents they require; and
3. Notify all Physicians, Hospitals and other providers that this insurance contains Pre-certification requirements and ask them to fully cooperate with AATS.

ID Card

It is extremely important that you carry your insurance ID card with you at all times as this will identify to the provider treating you who your insurance is with. Your ID card will be given to you before you travel and should be kept with you at all times.

Student Zone

To learn more about your insurance plan, including information on the healthcare systems you will find when traveling and further information on how to seek treatment - please visit your student zone:

<http://www.workandtravelinsurance.com/student-zone/icare/>



Plan Details

The following table shows the SCHEDULE OF BENEFITS AND LIMITS that are available under your international insurance plan. Please take some time to review the coverage benefits to make sure you understand what is covered. This is a consolidated summary of the benefits, for a full listing of the coverage benefits along with the plan exclusions please see the full policy conditions.

Plan Benefits	Economy	Premium
Policy Maximum	\$60,000	\$1,000,000
Deductible	\$0 per injury/ illness	\$0 per injury/ illness
ER Deductible	\$250 for illness and not admitted Does not apply to injuries	\$250 for illness and not admitted Does not apply to injuries
Accident/ Sickness	100% up to policy maximum	100% up to policy maximum
Prescription Medications	100% up to policy maximum	100% up to policy maximum
Ambulance	100% up to policy maximum for illness when admitted, 100% up to policy maximum for injuries.	100% up to policy maximum for illness when admitted, 100% up to policy maximum for injuries.
Dental	Accident - 100% up to policy maximum Acute onset of dental pain - \$200 limit	Accident - 100% up to policy maximum Acute onset of dental pain - \$200 limit
Medical Evacuation	\$50,000	\$100,000
Repatriation of Remains	\$50,000	\$100,000
Sports Coverage	Non-contact, leisure, recreational or fitness sports	Non-contact, leisure, recreational or fitness sports
Terrorism	\$50,000	\$50,000
Accidental Death and Dismemberment	Under 18 - \$5,000 18 to 69 - \$15,000	Under 18 - \$5,000 18 to 69 - \$15,000
Trip Interruption	\$2,500	\$5,000
Travel Assistance	Included	Included
Maternity	No Coverage	Complications during the first 26 weeks
Physical Therapy	No Coverage	\$50 Maximum per visit
Emergency Reunion	No Coverage	\$1,500
Lost Checked Luggage	\$500	\$750

Please note - the benefit table above is a consolidated summary of the plan benefits. Please refer to the full policy conditions (a copy of which can be found in the student zone) for a full outline of the plan benefits and limitations.

Eligible Expenses

1. Charges made by a Hospital for:
 - a) Daily room and board and nursing services not to exceed the average semi-private room rate; and
 - b) Daily room and board and nursing services in Intensive Care Unit; and
 - c) Use of operating, treatment or recovery room; and
 - d) Services and supplies which are routinely provided by the Hospital to persons for use while Inpatients; and,
 - e) Emergency treatment of an Injury, even if Hospital confinement is not required; and
 - f) Emergency treatment of an Illness, however, charges for use of the emergency room itself will be subject to \$250 Deductible unless the Member is directly admitted to the Hospital as Inpatient for further treatment of that Illness.
2. For Surgery at an Outpatient surgical facility, including services and supplies.
3. For charges made by a Physician for professional services, including Surgery. Charges for an assistant surgeon are covered up to 20% of the Usual, Reasonable and Customary charge of the primary surgeon, but standby availability will not be deemed to be a professional service and therefore is not covered hereunder.

4. For dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician, but excluding nebulizers, oxygen tanks, diabetic supplies, other supplies for use or application at home, and all devices or supplies for repeat use at home, except Durable Medical Equipment as herein defined.
5. For diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included).
6. For artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
7. For reconstructive Surgery when the Surgery is directly related to Surgery which is covered hereunder.
8. For radiation therapy or treatment and chemotherapy.
9. For hemodialysis and the charges by the Hospital for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
10. For oxygen and other gasses and their administration by or under the supervision of a Physician.
11. For anesthetics and their administration by a Physician.
12. For drugs which require prescription by a Physician for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of 60 days per prescription. For care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
13. Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
14. Emergency Local Ambulance transport necessarily incurred in connection with Injury or Illness. Must result in inpatient hospitalization if illness.
15. Emergency Dental Treatment and Dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
16. Emergency Dental Treatment necessary to resolve Acute Onset of Pain.
17. Medically Necessary rental of Durable Medical Equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
18. Physical Therapy if prescribed by a Physician who is not affiliated with the Physical Therapy practice, necessarily incurred to continue recovery from a covered Injury or Illness.

Emergency Medical Evacuation

Subject to the Deductible, Coinsurance and Limits set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following expenses arising out of Emergency Medical Evacuation:

1. Emergency air transportation to a suitable airport nearest to the Hospital where the Member will receive treatment; and
2. Emergency ground transportation necessarily preceding Emergency air transportation; and from the destination airport to the Hospital where the Member will receive treatment.

Conditions and Restrictions:

The Member must be in compliance with all conditions and provisions of the insurance; and

- a) The Company will provide Emergency Medical Evacuation benefits only when the Illness or Injury giving rise to the Emergency Medical Evacuation is covered under this Insurance; and
- b) The Company will provide Emergency Medical Evacuation Benefits only when all of the following conditions are met:
 - i) Medically Necessary treatment, services and supplies cannot be provided locally; and
 - ii) Transportation by any other method would result in loss of Member's life or limb; and
 - iii) Recommended by the attending Physician who certifies to the above; and
 - iv) Agreed upon by the Member or a Relative of the Member; and
 - v) Approved in advance and coordinated by The Company; and
 - vi) The condition giving rise to the Emergency Medical Evacuation occurred spontaneously and without advance warning, either in the form of Physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the Emergency.
- c) The Company will provide Emergency Medical Evacuation only to the nearest Hospital that is qualified to provide the Medically Necessary treatment, services and supplies to prevent the Member's loss of life or limb.
- d) The Company will use their best efforts to arrange any Emergency Medical Evacuation within the least amount of time possible. The Member understands that the timeliness of Emergency Medical Evacuation can be affected by circumstances which are not within the control of The Company such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member agrees to hold The Company harmless and The Company shall not be held liable for any delays that are not within their direct and immediate control.
- e) If in the opinion of our Emergency Assistance provider and your treating Physician you are medical fit to be repatriated back to your Home Country and you refuse to accept such repatriation, all cover under this policy will cease immediately and no further liability shall attach to us under this policy

Repatriation of Remains

Subject to the Deductible, Coinsurance and Limits set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the

Conditions and Restrictions contained in this provision, The Company will pay the following Repatriation of Remains expenses arising from the death of a Member:

1. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest to the Principal Residence of the deceased Member; and
2. Reasonable costs of preparation of the remains necessary for transportation.

Conditions and Restrictions:

- a) The Member must be in compliance with all conditions and provisions of this insurance; and
- b) Repatriation of Remains must be approved in advance and coordinated by The Company; and
- c) The Company will provide Repatriation of Remains benefits only when the death of the Member occurs as a result of an Injury or Illness that is covered under this insurance; and
- d) The Company will provide Repatriation of Remains benefits only when the Death of the Member occurs while this insurance is in effect; and
- e) The Company will use their best efforts to arrange any Repatriation of Remains within the least amount of time possible. The Member understands that the timeliness of Repatriation can be affected by circumstances which are not within the control of The Company such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member, and his/her heirs, agrees to hold The Company harmless and The Company shall not be held liable for any delays which are not within their direct and immediate control. Further, The Company are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the Repatriation process or otherwise.

Emergency Reunion

Subject to the Deductible, Coinsurance and Limits set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following Emergency Reunion expenses, following a covered Emergency Medical Evacuation under this insurance:

1. The cost of an economy round-trip air or ground transportation ticket for one Relative of the Member for transportation to the terminal serving the area where the Member is hospitalized or is to be hospitalized following Emergency Medical Evacuation; and
2. Reasonable expenses for lodging and meals for the Relative, which are incurred in the area where the Member is hospitalized for a period not to exceed 15 days.

Conditions and Restrictions:

- a) The Member must be in compliance with all conditions and provisions of this insurance; and Emergency Reunion must be approved in advance and coordinated by The Company; and
- b) The Company will provide Emergency Reunion Benefits only following an Emergency Medical Evacuation of a Member that is covered hereunder.

Trip Interruption

Subject to the Deductible, Coinsurance and Limits set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following Trip Interruption benefits:

1. The cost of an economy one-way air or ground transportation ticket for the Member to the terminal serving the area of the Member's Principal Residence, subject to the following Conditions and Restrictions:

Conditions and Restrictions:

The Member must be in compliance with all conditions and provisions of this insurance; and

- a) Trip Interruption benefits must be approved in advance and coordinated by The Company; and
 - b) The Company will provide Trip Interruption benefits only following receipt of proof of one or more of the following events: Destruction, after departure from Home Country, resulting from fire or weather of more than 40% of the Member's Principal Residence, or death of a parent, spouse, sibling or child.
2. The cost of an economy one-way air and/or ground transportation ticket for the Member from the area where the Member was hospitalized following an Emergency Medical Evacuation to the area where the Member was initially evacuated from or to the terminal serving the area of the Member's Principal Residence, subject to the following Conditions and Restrictions:

Conditions and Restrictions:

The Member must be in compliance with all conditions and provisions of this insurance; and

- a) Trip Interruption benefits must be approved in advance and coordinated by The Company; and
- b) The Company will provide Trip Interruption benefits only following a covered Emergency Medical Evacuation when the attending Physician states that it is Medically Necessary for the Member to return to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery.

Lost Checked Luggage

Subject to the Limit set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following Lost Checked Luggage expenses:

1. Replacement of clothes and personal hygiene items, not to exceed \$150 any one item.

Conditions and Restrictions:

The Member must be in compliance with all conditions and provisions of this insurance; and

- a) The Lost Checked Luggage must have been checked, in accordance with routine luggage checking procedures, for transportation with the Member, on board a regularly scheduled commercial airline or cruise line, upon which the Member was a fare-paying passenger; and
- b) The Member must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the Lost Checked Luggage; and
- c) The Member must provide The Company with copies of all documentation of the claim filed with the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and
- d) The Lost Checked Luggage must be lost as of the date of payment by The Company and as of that date, must have been lost for at least 10 days.

Accidental Death and Dismemberment

Subject to the Limit set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following Accidental Death and Dismemberment benefit:

1. Accidental Death – The Company will pay the Principal Sum the Schedule of Benefits and Limits to the Beneficiary.
2. Accidental Dismemberment
 - a) Loss of 2 or more Limbs or eyes – The Company will pay the Principal Sum as indicated in the Schedule of Benefits and Limits to the Member.
 - b) Loss of 1 Limb or eye – The Company will pay one-half of the Principal Sum as indicated in the Schedule of Benefits and Limits to the Member.

Conditions and Restrictions:

The Member must be in compliance with all conditions and provisions of this insurance; and

1. The Accident giving rise to the Accidental Death or Dismemberment must be covered under this insurance; and
2. The Accident giving rise to the Accidental Death must not be a Common Carrier Accident.

Notwithstanding any provision to the contrary within this insurance or any endorsement or rider attached hereto, it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, cost or expense:

1. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; and
2. the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; however, this exclusion shall not apply where the Member is exposed to nuclear radioactive and/or radioactive material for the purpose of medical treatment; and
3. any Act of Terrorism, except as follows:

War, Terrorism, Biological, Chemical, Nuclear Exclusion

The Company will pay Eligible Medical Expenses for treatment of Injuries and Illnesses resulting from an Act of Terrorism, up to the limit set forth in SCHEDULE OF BENEFITS AND LIMITS, provided all of the following conditions are met:

1. The Injury or Illness does not result from the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; and
2. The Member has no direct or indirect involvement in the Act of Terrorism; and
3. The Act of Terrorism is not in a country or location where the United States government has issued a travel warning that has been in effect within the 6 months immediately prior to the Member's date of arrival; and
4. The Member has not unreasonably failed or refused to depart a country or location following the date a warning to leave that country or location is issued by the United States government.

For the purpose of this insurance, an "Act of Terrorism" means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This insurance also excludes coverage for loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (1), (2) or (3) above.

If The Company allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance, the burden of proving the contrary shall be upon the Member.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

Plan Exclusions

Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from coverage hereunder:

1. Charges resulting directly or indirectly from any Pre-existing Condition, as herein defined, are excluded from this insurance. Pre-existing Conditions being:
 - a) An ongoing medical or dental condition of which you are aware, or related complication you have, or the symptoms of which you are aware; OR
 - b) A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor); OR
 - c) Any condition for which you take prescribed medicine; OR
 - d) Any condition for which you have had surgery; OR
 - e) Pregnancy.
2. Routine pre-natal care, Pregnancy, child birth, and post natal care.
3. False labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and all charges related to Pregnancy. Notwithstanding the foregoing, on the Standard Plan, conditions constituting a medically distinct Complication of Pregnancy, as herein defined, are covered only prior to the 26th week of Pregnancy.
4. Charges incurred by or for any child under the age of 14 days.
5. Treatment for or related to any congenital condition.
6. Charges for treatment of Mental Health Disorders, as defined herein.
7. Charges which are not incurred by a Member during his/her Certificate Period.
8. Charges for any benefit hereunder which are not presented to The Company for payment within 60 days beginning on the last day of the Certificate Period.
9. Treatment, services or supplies which are not administered by or under the supervision of a Physician.
10. Treatment, services or supplies which are not Medically Necessary as herein defined.
11. Treatment, services or supplies provided at no cost to the Member.
12. Charges which exceed Usual, Reasonable and Customary as herein defined.
13. Telephone consultations or failure to keep a scheduled appointment.
14. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
15. All charges Incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care.
16. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery.
17. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Member such as sex-change Surgery.
18. Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
19. Treatment of Members who are HIV+, have AIDS or ARC.
20. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
21. Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
22. Abortions, except in connection with covered Complications of Pregnancy.
23. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
24. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations.
25. Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
26. Treatment of the temporomandibular joint.
27. Injury or Illness resulting from participation in the following activities:
 - a) Amateur Athletics, Contact Sports, and professional sports or athletic activities. Non-contact and non-organized/non-sanctioned amateur sports or athletic activities engaged in by the Member solely for leisure, recreational, entertainment or fitness purposes are not excluded unless they are excluded by (b) through (j) of this provision; and
 - b) mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher; and
 - c) aviation (except when traveling solely as a passenger in a commercial aircraft); and
 - d) hang gliding, sky diving, parachuting or bungee jumping; and
 - e) snow skiing or snowboarding, except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); and
 - f) racing by any animal or motorized vehicle; and
 - g) spelunking; and
 - h) subaqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, accompanied by a certified instructor, and at depths of less than 10 meters; and
 - i) jet skiing; and

- j) any other sport or athletic activity which is undertaken for thrill seeking and exposes the Member to abnormal or extraordinary risk of Injury.
28. Injury sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse.
 29. Wilfully self-inflicted Injury or Illness.
 30. Venereal disease, including all sexually transmitted diseases and conditions.
 31. Immunizations and Routine Physical Exams.
 32. Treatment by a chiropractor.
 33. Charges resulting from or occurring during the commission of a violation of law by the Member, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
 34. Treatment of Substance Abuse.
 35. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kineotherapy.
 36. Any services or supplies performed or provided by a Relative of the Member or any family member of the Member or any person who ordinarily resides with the Member.
 37. Orthoptics and visual eye training.
 38. Services or supplies which are not included as Eligible Expenses as described herein.
 39. The following care, treatment or supplies for the feet: orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
 40. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.
 41. Treatment of sleep disorders.
 42. Exercise programs, whether or not prescribed or recommended by a Physician.
 43. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
 44. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion and Trip Interruption sections of this insurance.
 45. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
 46. Organ or Tissue Transplants or related services.
 47. Treatment for acne, other acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
 48. Claims payable under any government system, including the Australian Medicare system, are excluded from coverage.

Cancellation/ Refund Policy

- Full cancellation and refund possible before policy effective date, or within 2 weeks of the initial enrollment date.
- If the policy has become effective already, coverage can be terminated on the current day and any unused days will be refunded.
- No cancellations/ early terminations are possible if any claims have been submitted under the plan, the original premium and coverage period is considered fully earned and no refund will be possible.

This brochure is a summary of the plan benefits and exclusions. In the event of any discrepancies, the policy certificate (a copy of which is available from the student zone) will override this document.